

OAHU CANDIDATES-  
SUBMIT 1 ORIGINAL AND 1 COPY

NEIGHBOR ISLAND CANDIDATES-  
SUBMIT 1 ORIGINAL AND 2 COPIES

STATE OF HAWAII  
CAMPAIGN SPENDING COMMISSION

DISCLOSURE REPORT  
CANDIDATE COMMITTEE

PLEASE TYPE OR PRINT CLEARLY WITH INK (INSTRUCTIONS FOR COMPLETING THE DISCLOSURE REPORT CAN BE FOUND IN THE "GUIDEBOOK FOR CANDIDATE COMMITTEES.")

SECTION I-CANDIDATE AND CANDIDATE COMMITTEE:

(a) Candidate Name:

MELINDA S. JAFFE

(b) Committee Name: Friends of Mindy Jaffe

(c) Mailing Address: 234 Ohua Avenue, #118  
Honolulu, HI 96815

(d) Phone (Bus) 524-7411 (Res)  
Treasurer's

SECTION II-TYPE OF REPORT:

(See the Schedule of Reporting Dates to complete this section)

- ☐ 1st Preliminary Primary ☐ Amended ☐ First ☐ Third  
☐ 2nd Preliminary Primary ☐ Short Form<sup>1</sup> ☐ Second ☐ Fourth  
☐ Final Primary  
☐ Preliminary General  
☐ Final Election Period  
☒ Supplemental

REPORTING PERIOD

Jan. 1, 2001 through June 30, 200

SECTION III-SUMMARY OF RECEIPTS AND DISBURSEMENTS  
(Complete Section IV on the Back of this Form Before Completing This Section)

	COLUMN A TOTAL THIS PERIOD	COLUMN B ELECTION PERIOD <sup>2</sup> TOTAL TO DATE
1. Cash on Hand at the Beginning of the Election Period <sup>2</sup> .....		-0-
2. Cash on Hand at the Beginning of this Reporting Period.....	710.89	
3. Total Receipts (From Line 15).....	2,200.00	58,330.67
4. Subtotal (Add Lines 2 and 3 for Column A and Lines 1 and 3 for Column B).....	2,910.89	58,330.67
5. Total Disbursements (not including Unpaid Expenditures) (From Line 19).....	672.91	56,092.69
6. Cash on Hand at the Closing of this Reporting Period (Subtract Line 5 from Line 4)....	2,237.98	2,237.98
7. Total Loans at the Closing of this Reporting Period.....	-0-	
8. Total Unpaid Expenditures at the Closing of this Reporting Period.....	-0-	
9. Debts Owed at the Closing of this Reporting Period (Add Lines 7 and 8).....	-0-	
10. Surplus/Deficit (Subtract Line 9 from Line 6).....	-0-	

I hereby certify that the information on this report and all attached Schedules are true, correct and complete to the best of my knowledge.

Melinda S. Jaffe  
Candidate Signature

7/24/01  
Date

Gwen Horio  
Treasurer Signature

7/24/01  
Date

<sup>1</sup> Short Form is checked if the candidate is filing a Preliminary, Final or Supplemental Report and has aggregate contributions and aggregate expenditures for the reporting period totaling \$2,000 or less. Short form reporting requires completion of only Section I, Section II, and Section III of this Disclosure Report.

<sup>2</sup> An Election Period is the two-year period between general election days if a candidate is seeking nomination or election to a two-year office and the four-year period between general election days if a candidate is seeking nomination or election to a four-year office.

**SECTION IV-DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS**  
(If Necessary, Complete Schedules A through E Before Completing This Section)

RECEIPTS	COLUMN A TOTAL THIS PERIOD	COLUMN B ELECTION PERIOD TOTAL TO DATE	
<b>11. Contributions From:</b>			11
<b>(a) Individuals/Other Entities/Noncandidate Committees/Political Parties</b>			11(a)
(i) Monetary and Non-Monetary Contributions of \$100 or Less.....	200.00	6,295.00	11(a)(i)
(ii) Monetary and Non-Monetary Contributions of More Than \$100.....	1,000.00	18,425.00	11(a)(ii)
(iii) Subtotal (Add Lines 11(a)(i) and 11(a)(ii)).....	1,200.00	24,720.00	11(a)(iii)
<b>(b) Candidate or Candidate's Immediate Family</b>			11(b)
(i) Monetary and Non-Monetary Contributions of \$100 or Less.....	-0-	613.17	11(b)(i)
(ii) Monetary and Non-Monetary Contributions of More Than \$100.....	1,000.00	32,997.50	11(b)(ii)
(iii) Subtotal (Add Lines 11(b)(i) and 11(b)(ii)).....	1,000.00	33,610.67	11(b)(iii)
<b>12. Total Contributions (Add Lines 11(a)(iii) and 11(b)(iii)).....</b>	<b>2,200.00</b>	<b>58,330.67</b>	<b>12</b>
<b>13. Public Funds and Other Receipts.....</b>	<b>-0-</b>	<b>-0-</b>	<b>13</b>
<b>14. Loans.....</b>	<b>-0-</b>	<b>-0-</b>	<b>14</b>
<b>15. Total Receipts (Add Lines 12 through 14).....</b>	<b>2,200.00</b>	<b>58,330.67</b>	<b>15</b>
<b>DISBURSEMENTS</b>			
<b>16. Expenditures.....</b>	<b>672.91</b>	<b>56,092.69</b>	<b>16</b>
<b>17. Loans Repaid or Forgiven.....</b>	<b>-0-</b>	<b>-0-</b>	<b>17</b>
<b>18. Unpaid Expenditures Paid or Forgiven.....</b>	<b>-0-</b>	<b>-0-</b>	<b>18</b>
<b>19. Subtotal Disbursements (Add Lines 16 through 18).....</b>	<b>672.91</b>	<b>56,092.69</b>	<b>19</b>
<b>20. Unpaid Expenditures.....</b>	<b>-0-</b>		<b>20</b>
<b>21. Total Disbursements (Add Lines 19 and 20).....</b>	<b>672.91</b>	<b>56,092.69</b>	<b>21</b>

CHECK ONLY ONE BOX  
USE SEPARATE SCHEDULE(S) FOR EACH CATEGORY BELOW

☒ INDIVIDUALS/OTHER ENTITIES/NONCANDIDATE  
COMMITTEES/POLITICAL PARTIES

☐ CANDIDATE OR CANDIDATE'S IMMEDIATE FAMILY

# STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

## SCHEDULE A MONETARY AND NON-MONETARY CONTRIBUTIONS CANDIDATE COMMITTEE

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

CANDIDATE AND CANDIDATE COMMITTEE NAME:

PAGE 1 OF 1

MELINDA S. JAFFE  
Friends of Mindy Jaffe

DATE OF DEPOSIT OR RECEIPT OF NON-MONETARY CONTRIBUTION	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF DONOR	FOR AGGREGATES OF \$1,000 OR MORE NAME OF EMPLOYER	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
	IF A DEPENDENT MINOR, ENTER NAME OF PARENT	OCCUPATION		
1/01/01	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Laura E. Millman 2611 Ala Wai Blvd. #702 Honolulu, HI 96815	Retired	25.00	25.00
2/12/01	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Loretta Lee 928 17th Avenue Honolulu, HI 96916	Retired	25.00	145.00
1/21/01	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Grace Ching 311 Ohua Avenue, #502B Honolulu, HI 96815	Retired	25.00	25.00
5/25/01	<input type="checkbox"/> NON-MONETARY CONTRIBUTION The WISH List (Federal Acct) 499 S. Capitol St. SW Suite 408 Washington, D.C. 20003		1,000.00	1,000.00
6/28/01	<input type="checkbox"/> NON-MONETARY CONTRIBUTION James W. Tharp 1210 Auahi Street, Suite 104 Honolulu, HI 96814	Attorney	25.00	25.00
6/29/01	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Barbara L. Hudman 2333 Kapiolani Blvd. #2903 Honolulu, HI 96826		100.00	100.00

1. SUBTOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (This Page).....

1,200.00

2. TOTAL MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (Last Page Only) (Transfer total  
to the applicable Line Number of the Disclosure Report - 11(a)(ii) or 11(b)(ii)).....

1,200.00

Form CC-5(A) (Rev. 5/99)

With the exception of loans and unpaid expenditures that are forgiven, non-monetary contributions must also be reported as an "Expenditure" on Schedule B.

CHECK ONLY ONE BOX  
USE SEPARATE SCHEDULE(S) FOR EACH CATEGORY BELOW

☐ INDIVIDUALS/OTHER ENTITIES/NONCANDIDATE  
COMMITTEES/POLITICAL PARTIES

☒ CANDIDATE OR CANDIDATE'S IMMEDIATE FAMILY

STATE OF HAWAII  
CAMPAIGN SPENDING COMMISSION

SCHEDULE A  
MONETARY AND NON-MONETARY CONTRIBUTIONS  
CANDIDATE COMMITTEE

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

CANDIDATE AND CANDIDATE COMMITTEE NAME:

PAGE 1 OF 1

MELINDA S. JAFFE

Friends of Mindy Jaffe

DATE OF DEPOSIT OR RECEIPT OF NON-MONETARY CONTRIBUTION	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF DONOR	FOR AGGREGATES OF \$1,000 OR MORE NAME OF EMPLOYER	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
	IF A DEPENDENT MINOR, ENTER NAME OF PARENT	OCCUPATION		
2/21/01	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Melinda S. Jaffe 234 Ohua Avenue, #118 Honolulu, HI 96815	Candidate	1,000.00	27,586.01
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			

1. SUBTOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (This Page).....

1,000.00

2. TOTAL MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (Last Page Only) (Transfer total  
to the applicable Line Number of the Disclosure Report - 11(a)(ii) or 11(b)(ii)).....

1,000.00

Form CC-5(A) (Rev. 5/99)

With the exception of loans and unpaid expenditures that are forgiven, non-monetary contributions must also be reported as an "Expenditure" on Schedule B.

**STATE OF HAWAII  
CAMPAIGN SPENDING COMMISSION**

**SCHEDULE B  
EXPENDITURES  
CANDIDATE COMMITTEE**

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

CANDIDATE AND CANDIDATE COMMITTEE NAME:

MELINDA S. JAFFE

PAGE 1 OF 1

Friends of Mindy Jaffe

DATE OF EXPENDITURE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF VENDOR OR SOURCE OF NON-MONETARY CONTRIBUTION	PURPOSE OF EXPENDITURE OR DESCRIPTION OF NON-MONETARY CONTRIBUTION	AMOUNT OF EXPENDITURE OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD
1/28/01	<input type="checkbox"/> NON-MONETARY CONTRIBUTION I-Design 3442 Waiialae Avenue Honolulu, HI 96816	Design and print Christmas cards	651.00
6/30/01	<input type="checkbox"/> NON-MONETARY CONTRIBUTION American Savings Bank	Bank service charge (Jan - June)	21.91
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION		
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION		
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION		
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION		
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION		
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION		

1. SUBTOTAL OF EXPENDITURES THIS PERIOD (This Page).....	672.91
2. TOTAL EXPENDITURES THIS PERIOD (Last Page Only) (Transfer total to Line Number 16 of the Disclosure Report).....	672.91

**STATE OF HAWAII  
CAMPAIGN SPENDING COMMISSION**

**SCHEDULE C  
PUBLIC FUNDS AND OTHER RECEIPTS  
CANDIDATE COMMITTEE**

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

CANDIDATE AND CANDIDATE COMMITTEE NAME:

MELINDA S. JAFFE

PAGE

1

OF

1

Friends of Mindy Jaffe

DATE OF DEPOSIT	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF SOURCE OF PUBLIC FUNDS OR OTHER RECEIPT	DESCRIPTION OF OTHER RECEIPT	AMOUNT OF PUBLIC FUNDS OR OTHER RECEIPT THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE

1. SUBTOTAL OF PUBLIC FUNDS AND OTHER RECEIPTS THIS PERIOD (This Page).....

-0-

2. TOTAL PUBLIC FUNDS AND OTHER RECEIPTS THIS PERIOD (Last Page Only) (Transfer total to Line Number  
13 of the Disclosure Report).....

-0-

ATTACH A COPY OF THE  
EXECUTED LOAN DOCUMENT AT  
THE TIME OF INITIAL DISCLOSURE

STATE OF HAWAII  
CAMPAIGN SPENDING COMMISSION

SCHEDULE D  
LOANS  
CANDIDATE COMMITTEE

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

CANDIDATE AND CANDIDATE COMMITTEE NAME:

MELINDA S. JAFFE

PAGE 1 OF 1

Friends of Mindy Jaffe

LOAN SOURCE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF LENDER NAME OF EMPLOYER AND OCCUPATION	AMOUNT OF LOAN AT BEGINNING OF THIS PERIOD	NEW LOAN AMOUNT THIS PERIOD	AMOUNT REPAID OR FORGIVEN THIS PERIOD	AMOUNT OF LOAN AT CLOSING OF THIS PERIOD
DATE OF LOAN	PURPOSE OF LOAN				
<input type="checkbox"/> CANDIDATE <input type="checkbox"/> IMMEDIATE FAMILY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> OTHER				<input type="checkbox"/> FORGIVEN	
<input type="checkbox"/> CANDIDATE <input type="checkbox"/> IMMEDIATE FAMILY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> OTHER				<input type="checkbox"/> FORGIVEN	
<input type="checkbox"/> CANDIDATE <input type="checkbox"/> IMMEDIATE FAMILY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> OTHER				<input type="checkbox"/> FORGIVEN	
<input type="checkbox"/> CANDIDATE <input type="checkbox"/> IMMEDIATE FAMILY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> OTHER				<input type="checkbox"/> FORGIVEN	
<input type="checkbox"/> CANDIDATE <input type="checkbox"/> IMMEDIATE FAMILY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> OTHER				<input type="checkbox"/> FORGIVEN	
<input type="checkbox"/> CANDIDATE <input type="checkbox"/> IMMEDIATE FAMILY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> OTHER				<input type="checkbox"/> FORGIVEN	

1. SUBTOTAL (This Page).....

-0-

-0-

-0-

2. TOTAL NEW LOANS THIS PERIOD (Last Page Only) (Transfer total to Line Number 14 of the Disclosure Report).....

-0-

3. TOTAL LOANS REPAID OR FORGIVEN THIS PERIOD (Last Page Only) (Transfer total to Line Number 17 of the Disclosure Report).....

-0-

4. TOTAL LOANS AT THE CLOSING OF THIS PERIOD (Last Page Only) (Transfer total to Line Number 7 of the Disclosure Report)....

-0-

Form CC-5(D) (Rev. 5/99)

If a loan is forgiven, the loan must also be reported as a "Non-Monetary Contribution" on Schedule A. The forgiven loan does not have to be reported as an "Expenditure" on Schedule B.

**STATE OF HAWAII  
CAMPAIGN SPENDING COMMISSION**

**SCHEDULE E  
UNPAID EXPENDITURES  
CANDIDATE COMMITTEE**

NOTE: EXPENDITURES ARE CONSIDERED MADE WHEN THE PRODUCT IS DELIVERED OR THE SERVICE IS RENDERED (ACCRUAL METHOD OF ACCOUNTING).

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

CANDIDATE AND CANDIDATE COMMITTEE NAME:

PAGE 1 OF 1

MELINDA S. JAFFE  
Friends of Mindy Jaffe

DATE OF UNPAID EXPENDITURE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF VENDOR	AMOUNT OF UNPAID EXPENDITURE AT BEGINNING OF THIS PERIOD	NEW UNPAID EXPENDITURE AMOUNT THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD	AMOUNT OF UNPAID EXPENDITURE AT CLOSING OF THIS PERIOD
	PURPOSE OF UNPAID EXPENDITURE				
				<input type="checkbox"/> FORGIVEN	
				<input type="checkbox"/> FORGIVEN	
				<input type="checkbox"/> FORGIVEN	
				<input type="checkbox"/> FORGIVEN	
				<input type="checkbox"/> FORGIVEN	
				<input type="checkbox"/> FORGIVEN	

1. SUBTOTAL (This Page).....	-0-	-0-	-0-
2. TOTAL NEW UNPAID EXPENDITURES THIS PERIOD (Last Page Only) (Transfer total to Line Number 20 of the Disclosure Report).....	-0-		
3. TOTAL UNPAID EXPENDITURES PAID OR FORGIVEN THIS PERIOD (Last Page Only) (Transfer total to Line Number 18 of the Disclosure Report).....		-0-	
4. TOTAL UNPAID EXPENDITURES AT THE CLOSING OF THIS PERIOD (Last Page Only) (Transfer total to Line Number 8 of the Disclosure Report).....			-0-

Form CC-5(E) (Rev. 5/99)

If an unpaid expenditure is forgiven, the unpaid expenditure must also be reported as a "Non-Monetary Contribution" on Schedule A. The forgiven unpaid expenditure does not have to be reported as an "Expenditure" on Schedule B.